

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51			
2			1				52			
3			1				53			
4			1				54			
5			1				55			
6			1				56			
7			1				57			
8			1				58			
9			1				59			
10			1				60			
11			1				61			
12			1				62			
13			1				63			
14			1				64			
15			1				65			
16			1				66			
17			1				67			
18			1				68			
19			1				69			
20			1				70			
21			1				71			
22							72			
23							73			
24							74			
25							75			
26							76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.			1				TOTAL IND.			
TOTAL DEP.			19				TOTAL DEP.			
TOTAL CLAIMS			20				TOTAL CLAIMS			